



**Thaxted
Pharmacy**

At the heart of local healthcare

"Thaxted Pharmacy"
is a trading name of Wringtons Ltd
Registered Office: Wrington Pharmacy,
Silver Street, Wrington, Bristol, BS40 5QE.
Tel. 01934 862369 Fax. 01934 863356
www.wringtons.co.uk
Registered in England No. 03131101
VAT No. 895850466

FREE
**Prescription
Collection Service**

Thaxted Pharmacy
3 Town Street, Thaxted
Essex CM6 2LD
Tel. 01371 830260

www.thaxtedpharmacy.co.uk

*We'll save you time
and trouble*

Our Free Repeat Prescription Collection Service will save you the time and trouble of collecting prescriptions from your surgery.

You order your prescription from your Doctor's surgery in the normal way and we will collect it when it is ready. Your medicines will be dispensed at our pharmacy and will be ready for you to collect .

All you have to do is register with us for this service, and we will arrange everything with your Doctor's surgery.

How your repeat prescription service works:

- STEP 1** Complete the attached form. (If you need any help filling out the form, our pharmacy team will be happy to help you).
- STEP 2** Return the completed form to the pharmacy. A member of the pharmacy team will explain how the service will work for you and answer any of your questions.
- STEP 3** Order your repeat prescription from the doctors' surgery as usual. We will arrange the collection of your prescription from the surgery and dispense the items at the pharmacy.
- STEP 4** Collect your medicines from the pharmacy.

Thaxted Pharmacy

Repeat Prescription Collection Service Registration Form.

Title: Mr, Mrs, Miss, Ms, Other:

First Name:

Surname:

Date of Birth:

Address:

.....

.....

Postcode:

Telephone:

Email:

Your Doctor's Name:

Surgery Name & Address:

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.....

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Postcode:

To offer this service Wringtons Ltd (the owners of this pharmacy) hold the information you provide on this form on computer and otherwise for administration purposes and for assessment and analysis to enable us to improve the services and products we offer.

I hereby authorise Wringtons Ltd to collect either in person or by means of electronic transfer, my prescriptions from the surgery shown above on my behalf. I will inform you if I wish to make any changes to this agreement.

I agree to Wringtons Ltd contacting me and/or my surgery by post, phone or electronic means to verify prescription items.

Are you the patient or the patient's representative providing this consent?

Patient

Signed:

.....

Date:

.....

Representative

(by signing below you confirm that you are duly authorised to act on behalf of the patient)

Representative's full name:

.....

Relationship to patient:.....

.....

Signed:

.....

Date:

.....